

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/585/66		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1				
2							52	1					
3							53						
4							54						
5							55						
6							56						
7							57	1					
8							58						
9							59						
10							60						
11	1						61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19	1						69						
20							70	1					
21							71						
22							72						
23							73						
24	1						74						
25							75						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90	1					
41							91						
42	1						92						
43							93						
44							94						
45							95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	3	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			4				TOTAL CLAIMS						

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	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
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145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						